(Rev 04/98)

REQUEST FOR CLARIFICATION/INTERPRETATION

10:	Name and Title: Jannis Conselyea Organizational Unit: Program Support Bureau	FROM:	Name and Title: Keith Polesky Organizational Unit: AWARE, INC.
	Address:		Address:
1. TYPE OF REQUEST: ☐ Follow-up to Verbal Request - Date of Verbal Request: ☐X Written Request			
2. STATEMENT OF QUESTION OR ISSUE: Hello after receiving the new eligibility policy I had a question on page 6 section 6 part A as Follows: An individual who exits all Medicaid funded Waiver Services and Non-Medicaid Funded Services and then desires to re-enter services whose eligibility has been established using the State of Montana Eligibility Determination Form For Developmental Disability Programs (Adults Age 18 And Older) or the State of Montana Eligibility Determination Form For Developmental Disability Programs (Children Age 6-17), will not need to have their eligibility re-determined, unless there is evidence that supports the individual has significant changes in their adaptive and cognitive skills warranting a re-determination of eligibility, before the child or the adult's name can be placed on the waiting list. QUESTION: What month & year was this new MONTANA ELIGIBILITY DETERMINATION FORM used? Hopefully you can tell me a specific date of this form & TCM's then will know any date prior to this they need to do a redetermination and any eligibility dates after the specific date of new form they should be fine. Thanks References:			
3. ANSWER: The date the Montana Eligibility Determination Form took effect is February 1, 1997. Anyone who entered services using the Montana Eligibility Determination Form with this determination date, unless there is significant changes in their adaptive and cognitive skills, who decides to exit services and then wishes to reapply for services would not need to have their eligibility re-established. The same policy applies for individuals who entered services prior to 1997 as long as their eligibility was established and documented by a state staff on the DD 431 or the DD 90. References: Approved and Issued by: (Program Director)			
STATE USE ONLY	4: DISTRIBUTION: One Copy: Request One Copy: Manual Coordinat One Copy: Division File Additional Copies:	or or Adminises Mai □ A.R	LLOW-UP: e issued as Bulletin to: (Division strator) nual. Expected Date of Issuance: .M. Change te Plan Change